

TOWN OF MOULTONBOROUGH - RECREATION APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION

Name (Last Name First)				
Mailing Address		Apt. No.	City	State Zip
Permanent Address		Apt. No.	City	State Zip
Are you 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Phone		Secondary Phone	Email
If under 18, D.O.B: / /				

LAST

DESIRED EMPLOYMENT

Position		Date you can start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever applied to Moultonborough Recreation before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	
Ever worked for Moultonborough Recreation before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

FIRST

MIDDLE

EDUCATION

School Level	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of special study or research work
Special training

Special skills

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

Name of previous employer				
Address		City	State	Zip
Start Date	Leaving Date		Job Title	
Weekly starting salary	Weekly Final salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone
Description of work				
Reason for leaving				

Name of present or last employer				
Address		City	State	Zip
Start Date	Leaving Date		Job Title	
Weekly starting salary	Weekly Final salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone
Description of work				
Reason for leaving				

Name of previous employer				
Address		City	State	Zip
Start Date	Leaving Date		Job Title	
Weekly starting salary	Weekly Final salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title		Phone
Description of work				

Reason for leaving

Why are you interested in a position with the Moultonborough Recreation Department?

What experience have you had that relates to the job which you are applying for?

What skills, abilities, and unique qualities do you have that would enhance our program?

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.			
Name	Contact Number	Relationship	Years Acquainted
1			
2			
3			

CERTIFICATIONS

CRP	Date of Expiration
First Aid	Date of Expiration
Lifeguard	Date of Expiration
Other:	

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO
AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE

Date

Signature